

Appendix 1 – Model 2B

ENCLOSURE II

STAFF TO BE AVAILABLE FOR DISCUSSIONS

Please note: Some of these discussions may not be necessary depending on the results of CMS’s review of samples and documentation. The review team may need to speak with other staff, depending on the review findings.

If the same person is responsible for more than one of the functions noted below, combine the discussions.

Please schedule staff discussions with the reviewer indicated by the “X,” in each row. Schedule each discussion for one hour. Leave at least ½ hour between discussions.

	[Name(s) of Reviewer]	[Name(s) of Reviewer]	[Name(s) of Reviewer]	Deemed	N/A
Staff responsible for utilization management					
Staff responsible for quality improvement					
Medical Director					
Chairperson of the Quality Assurance Committee					
Staff responsible for provider relations					
Staff responsible for provider contracting					
Staff responsible for credentialing					
Staff responsible for MIS					
Staff responsible for Medicare marketing					
Staff responsible for customer service					
Staff responsible for enrollment					
Staff responsible for disenrollment					
Staff responsible for claims processing					
Staff responsible for verification of institutional status					
Staff responsible for state and county code changes					
Staff responsible for organization determinations for service requests and discontinuation of services					
Staff responsible for appeals					
Staff responsible for grievances					
Medicare Compliance Officer					
President/Chief Executive Officer					
Board Member					
Staff responsible for monitoring any of the above functions that are delegated					

If the Deemed column is marked with an “X,” the topic area is deemed, and a discussion does not need to be scheduled.

If the N/A column is marked with an “X,” the topic area is not scheduled for review, and a discussion does not need to be scheduled.